1	a kina da maraja na maraja (por dina mara) da a dina indiga (15 fili) (pin).		Medical states and the section of the second section of the second section of the second section of the second
			11/1
		BOARD OF HEALTH	State File No.
1. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS  STANDARD CERTIFICATE OF BIRTH		Registered No.
Gila		State armonu	
County			
District or Township	11233	or Village	
City 1000	No. (If birth occ	urred in a hospital or institution, giv	Et. Ward e its NAME instead of street and number)
2. Full name of child augel	ila Chiesa	**************************************	If child is not yet named, make supplemental report, as directed.
3. Sex of Child   To be answered O	NLY \ 4. Twin, triplet or other	r  6. Legitimate?   7. I	
Heruse in event of plural births.	5. No., in order of birth	1000	of birth Day Year
8. PATHE	in the second second		MOTHER
Full name		Full maiden name	
Havide	nesa	Koz	a aguilera
9. Residence (Usual place of abode)	ar	15 Residence (Usual place of abode)	adle
If non-resident, give place and state. Crimona		If non-resident, give place and state. Au	
10. Color or race	d	16 Color or race	
hot T	38	med.	
11. Age 8	t last birthday (Years)	- Duck	7. Age at last birthday TO (Years)
12. Birthplace (city or place)		18. Birthplace (city or place)	
(State or country)	aly	(State or country)	prepa
13. Occupation		19. Occupation	
Nature of Industry		Nature of industry	ousewife.
mue	3 Million 1	<u> </u>	
20. Number of children of this mother	(a) Boili alice di	10 110 11 11111111111111111111111111111	Were precautions taken against oph- thalmia neonatorum?
(Taken as of time of birth of child here certified and including this child.)	in (b) Born alive be		gos
	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWIFE	30/1
I hereby certify that I attended the bli	th of this child, who was	Born alive of stillborn)	m. on the date above stated
*When there was no attending phys or midwife, then the father, househo	ician Signature	croad	a una
etc., should make this return. A still child is one that neither breathes	born >	PL	usiceani
shows other evidence of life after b	leth.	011	(Physician or midwife)
Given name added from a supplemental report.	Address	grove	ary.
Month, de	Piled Oc	7311 ,26 M	witord
Reg	istrar		Régistrar
13	1-1006-96.	- 4	
1 James 1		4	

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